

## INTRODUCTION

In accordance with Iowa Administrative Code 641, Chapter 155, 641-155.18 (125) Deemed Status and 155.35(17) Deemed Status, a substance abuse treatment program or opioid treatment program can be issued a license from the Iowa Board of Health for a period of deemed status to coincide with the period of time that the program is awarded accreditation by the national accreditation body. The program shall have been accredited by either of the following national accreditation organizations:

- Joint Commission (JC);
- Council on Accreditation of Rehabilitation Facilities (CARF);
- Council on Accreditation of Children and Family Services (COA); or
- The American Osteopathic Association (AOA).

Application for deemed status consists of submission to the Division of Behavioral Health, the following information:

- Complete copy of the behavioral health accreditation survey report and Certificate of Accreditation;
- Levels of care, services and/or modalities accredited;
- Official name of program and address of headquarters and satellite locations to include telephone number(s), fax number(s), and e-mail address; and,
- Full name , title, and addresses of the director or administrative head of the program.

Programs granted deemed status shall adhere to responsibilities of programs granted deemed status as indicated in 641 IAC 155.18(3) and/or 641 IAC 155.35(17)c.

The following document must be completed and mailed to the Department to make application or re-application for comprehensive treatment services.

If questions exist please contact our office at (515) 242-6161.

## APPLICATION FOR LICENSURE THROUGH DEEMED STATUS

<b>Program Name:</b>  <b>Address:</b>  <b>Telephone and FAX:</b> <b>E-Mail Address:</b>	<hr/> <hr/> <hr/> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>(    )</span> <span>(    )</span> </div> <hr/>
<b>***ADDITIONAL FACILITIES (if applicable)***</b>	
<b>Facility Name:</b>  <b>Address:</b>  <b>Telephone and FAX:</b>	<hr/> <hr/> <hr/> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>(    )</span> <span>(    )</span> </div>
<b>Facility Name:</b>  <b>Address:</b>  <b>Telephone and FAX:</b>	<hr/> <hr/> <hr/> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>(    )</span> <span>(    )</span> </div>
<b>Director:</b>  <b>Title:</b>  <b>E-Mail Address</b>  <b>Address:</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

## **LEVELS OF CARE, SERVICES AND/OR MODALITIES ACCREDITED:**

### **OPIOID TREATMENT PROGRAM (OTP)**

\_\_\_\_\_OUTPATIENT

\_\_\_\_\_RESIDENTIAL/INPATIENT

\_\_\_\_\_DETOXIFICATION

### **LEVEL IV-MEDICALLY MANAGED INTENSITY INPATIENT TREATMENT (MEDICALLY MANAGED)**

\_\_\_\_\_LEVEL IV-Adult

\_\_\_\_\_LEVEL IV-Juvenile

\_\_\_\_\_LEVEL IVD-Adult Detoxification

\_\_\_\_\_LEVEL IVD-Juvenile Detoxification

\_\_\_\_\_PMIC (Psychiatric Medical Institution for Children)

### **LEVEL III.7: MEDICALLY-MONITORED INTENSITY INPATIENT TREATMENT SERVICES (MEDICALLY MONITORED)**

\_\_\_\_\_LEVEL III.7-Adult

\_\_\_\_\_LEVEL III.7-Juvenile

\_\_\_\_\_LEVEL III.7D-Adult Detoxification

\_\_\_\_\_LEVEL III.7D-Juvenile Detoxification

\_\_\_\_\_PMIC (Psychiatric Medical Institution for Children)

### **LEVEL III.5: CLINICAL MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES (PRIMARY)**

\_\_\_\_\_LEVEL III.5-Adult

\_\_\_\_\_LEVEL III.5-Juvenile

\_\_\_\_\_PMIC (Psychiatric Medical Institution for Children)

### **LEVEL III.3: CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL SERVICES (EXTENDED)**

\_\_\_\_\_LEVEL III.3-Adult

\_\_\_\_\_LEVEL III.3-Juvenile

\_\_\_\_\_PMIC (Psychiatric Medical Institution for Children)

**LEVEL III.2D: CLINICALLY MANAGED RESIDENTIAL DETOXIFICATION**

\_\_\_\_\_LEVEL III.2D-Adult

\_\_\_\_\_LEVEL III.2D-Juvenile

**LEVEL III.1: CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL (HALFWAY HOUSE)**

\_\_\_\_\_LEVEL III.1-Adult

\_\_\_\_\_LEVEL III.1-Juvenile

\_\_\_\_\_PMIC (Psychiatric Medical Institution for Children)

**LEVEL II: INTENSIVE OUTPATIENT/PARTIAL HOSPITALIZATION SERVICES**

\_\_\_\_\_LEVEL II.5-Adult Partial Hospitalization/Day Treatment

\_\_\_\_\_LEVEL II.5-Juvenile Partial Hospitalization/Day Treatment

\_\_\_\_\_LEVEL II.1-Adult Intensive Outpatient

\_\_\_\_\_LEVEL II.1-Juvenile Intensive Outpatient

**LEVEL I: OUTPATIENT SERVICES**

\_\_\_\_\_LEVEL I-Adult Extended

\_\_\_\_\_LEVEL I-Juvenile Extended

\_\_\_\_\_LEVEL I-Adult Continuing Care

\_\_\_\_\_LEVEL I-Juvenile Continuing Care

## CAPACITY

### CURRENT RESIDENTIAL BED CAPACITY

#### LEVELS OF CARE

	III.1	III.3	III.5	III.7	IV
CLIENTS					
Adult Male					
Adult Female					
Adolescent Male					
Adolescent Female					

Describe How the Program Responds to Varying Census i.e. "Swing" Beds

---

---

---

#### OUTPATIENT PROGRAM CAPACITY

	I-Continuing Care	I-Extended	II.1	II.5	Methadone
Adult					
Juvenile					

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Submit To:

Division of Behavioral Health  
Iowa Department of Public Health  
Division of Behavioral Health  
Lucas State Office Building  
321 E. 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0075  
(515) 242-6161